

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031093

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7742

FILED AUG 28 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in lb 12 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If outside, give location) 9843 Linn	
3. NAME OF DECEASED (Type or print) First Henry Middle G. Last Schumacher		4. DATE OF DEATH Month August Day 18 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/31/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Core Maker		9. AGE (last birthday) 67	
10b. KIND OF BUSINESS OR INDUSTRY American Brake Shoe		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13a. FATHER'S NAME Frederick Schumacher		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13b. MOTHER'S MAIDEN NAME Catherine Moeser		14. NAME OF HUSBAND OR WIFE Marie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW # 1		17. INFORMANT Marie Schumacher 9843 Linn, Lemay, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction DUE TO (b) arterio-sclerotic heart disease DUE TO (c) with auricular fibrillation and myocardial damage		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
STATE		21. I attended the deceased from Jan. 1958 to Aug. 18-61 and last saw him alive on Aug. 18-61 Death occurred at 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Deceased or title) George A. O'Sullivan, M.D.		22b. ADDRESS 7629 Ivory Ave.	
22c. DATE SIGNED 8-18-61		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Aug. 22, 1961		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23d. LOCATION (City, town, or county) Affton, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries		25. DATE REC'D. BY LOCAL REG. AUG 21 1961	
ADDRESS 7814 So. Broadway St. Louis, Mo.		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.